

STANDARD CERTIFICATE OF DEATH

State File No. **14908**

FILED MAY 11 1953 BIRTH NO. REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 292

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McKartney Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Missouri</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lee's Lake</u> d. STREET ADDRESS (If rural, give location) <u>0580</u>			
3. NAME OF DECEASED a. (First) <u>Narcissa</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Greenway</u> (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7 - 1953</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify). <u>Widow</u>	8. DATE OF BIRTH <u>Mar 24 1860</u>	9. AGE (In years last birthday) <u>93</u> if under 1 year: Months <u>1</u> Days <u>16</u> if under 24 hours: Hours <u>16</u> Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		
10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Henry Stokes</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Greenway (Dec.)</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rev. G.C. Greenway - Lee's Lake</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis & coronary insufficiency & local</u> ANTECEDENT CAUSES <u>Myocardial infarction</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerosis</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 25, 1953</u> , to <u>May 7, 1953</u> , that I last saw the deceased alive on <u>May 7, 1953</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>John R. Dyer M.D.</u>		23b. ADDRESS <u>Brookfield Mo</u>		23c. DATE SIGNED <u>5-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 8, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill</u>			
24d. LOCATION (City, town, or county) (State) <u>Callaway Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nadine Stambach</u>					
DATE REC'D BY LOCAL REG. <u>5-8-53</u>		25. FUNERAL DIRECTOR'S ADDRESS <u>Lee's Lake - J.C. Moore</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

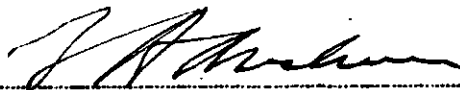
Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed _____



Licensed Embalmer No. _____

3641

P. O. Address _____



Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.